

Attachment C: CO-MTSS Membership Form

Team Membership Signature Form

Participation requires the commitment of an MTSS Leadership Team (MLT). Requirements for representation on the MLT include: (1) A point of contact (must be a member of cabinet-level administration), (2) general education representation, (3) special education representation, (4) early childhood representation, (5) family/community representation, and (6) representation from the other initiatives overseen by the BOCES/district. Suggested representation includes: Superintendent or Assistant Superintendent, Curriculum Director, Assessment/Accountability Director, Special Education Director, Culture and Equity Director, Professional Development Director, Title I Director, Student Services Director, Parent Representative Co-Chair of District Accountability Committee, BOCES Director, school-level leadership, and district-level coaches. The purpose of the MLT is to support local Building Leadership Teams (BLTs) through professional development, technical assistance, alignment, curriculum, funding, visibility, and political support.

Responsibilities/Functions of this MLT include:

- Meet at least monthly with an Implementation Consultant (IC) and other CO-MTSS Staff, and complete tasks throughout the month;
- Complete assessments and action planning that best support local schools;
- Facilitate professional development and technical assistance for local schools related to CO-MTSS implementation; and
- Attend trainings provided by CO-MTSS Staff.

Provide the names, titles, and signatures of those who will serve on your MLT:

Point of Contact (Cabinet Level Administration): _____ Title/Role: _____

Signature: _____ Date: _____

General Education Representative: _____ Title/Role: _____

Signature: _____ Date: _____

Special Education Representative: _____ Title/Role: _____

Signature: _____ Date: _____

Early Childhood Representative: _____ Title/Role: _____

Signature: _____ Date: _____

Family/Community Representative: _____ Title/Role: _____

Signature: _____ Date: _____

Representative from Other BOCES/District Initiative(s): _____ Title/Role: _____

Signature: _____ Date: _____

Other: _____ Title/Role: _____

Signature: _____ Date: _____